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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: NOGAMI

Serial No.: 10/690,811

Filed: October 23, 2004

Title: ORALLY ADMINISTERED AGENT
AND AN ORALLY ADMINISTERED
AGENT/SUPPORTING SUBSTRATE
COMPLEX

Atty. Dkt.: 24-009-TB

Art Unit: 1615

Examiner:

Mail Stop: Office of Initial Patent Examination
Filing Receipt Corrections
Commissioner for Patents
Alexandria, VA 22314

Date: December 8, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on December 8, 2005.

Typed Name: DAVID G. POSZ

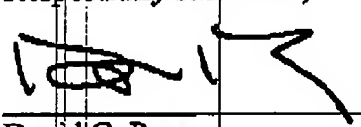
Signature: REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Please correct the filing receipt (copy to follow with indicated corrections) for the above-referenced patent application, and generate a corrected filing receipt. Copies of as-filed Form PTO/SB/05 and declarations are attached herewith for your references.

Please charge any unforeseen fees that may be due to Deposit Account No. 50-1147.

Respectfully submitted,

David G. Posz
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Page 1 of 2



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APPL NO.	FILING OR 371 (e) DATE	ART UNIT	FIL FEE REC'D	ATTY.CKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/690,811	10/23/2003	1615	1190	24-009-TB	5	12	1

23400
 POSZ & BETHARDS, PLC
 11250 ROGER BACON DRIVE
 SUITE 10
 RESTON, VA 20190

CONFIRMATION NO. 5426

UPDATED FILING RECEIPT



0C000000012268531

Date Mailed: 04/05/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ☒

Eiji Nogami, Saitama-shi, JAPAN;

Eiji

Domestic Priority data as claimed by applicant

This is a CON of PCT/JPO2/03920 04/19/2002

Foreign Applications

JAPAN 2001-125804 04/24/2001

~~JAPAN PCT/JPO2/03920 04/19/2002~~

If Required, Foreign Filing License Granted: 01/23/2004

Projected Publication Date: 07/15/2004

Non-Publication Request: No

Early Publication Request: No

Title

Orally administered agent and an orally administered agent/supporting substrate complex

Preliminary Class

Please type a plus sign (+) inside this box ☐

Approved for use through 09/30/2000, OMB 0591-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.63(b))</small>		Attorney Docket No. 24-009-TB	
		First Inventor or Application Identifier NOGAMI	
		Title AN ORALLY ADMINISTERED AGENT AND AN ORALLY ADMINISTERED AGENT/SUPPORTING SUBSTRATE COMPLEX	
		Express Mail Label No.	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Arlington, VA 22202
--------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification (Total Pages 49) -Descriptive title of the invention -Cross Reference to Related Applications -Background of the invention -Summary of the invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets 5) 4. Oath or Declaration (Total Sheets 1) a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) <small>(for continuation/divisional with Box 16 completed)</small> c. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.63(b).</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(If applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(When there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (If applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. <small>(PTO/SB/09-12)</small> Status still proper and desired 13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(If foreign priority is claimed)</small> 14. <input type="checkbox"/> Other: _____ 15. <input type="checkbox"/> Other: _____
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16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. PCT/JP02/03920 Prior application information: Examiner _____ Group/Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 23400 or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>	
Name _____ Address _____ City _____ State _____ Zip Code _____ Country _____ Telephone (703) 707-9110 Fax (703) 707-9112	

Name (Print/Type) DAVID G. POSZ	Registration No. (Attorney/Agent) 37,701	Signature	Date October 23, 2003
----------------------------------------	-------------------------------------------------	-----------	------------------------------

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

Pozz & Bithards, PLC

Declaration and Power of Attorney for Patent Application

特許出願宣誓書及び委任状

Japanese Language Declaration

日本語宣誓書

下記の氏名の発明者として、私は以下の通り宣誓します。

As a below named inventor, I hereby declare that:

私の住所、郵便住所、国籍は下記の私の氏名の後に記載された通りです。

My residence, post office address and citizenship are as stated next to my name.

下記の名称の発明に関して特許請求の範囲に記載され、特許出願している発明内容について、私が最初かつ唯一の発明者(下記の氏名が一つの場合)もしくは最初かつ共同発明者であると(下記の名称が複数の場合)信じています。

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

AN ORALLY ADMINISTERED AGENT AND AN ORALLY ADMINISTERED AGENT/SUPPORTING SUBSTRATE COMPLEX

上記発明の明細書(下記の欄で×印がついていない場合は、本書に添付)は、

the specification of which is attached hereto unless the following box is checked:

☐ _____ に提出され、米
国出願番号または PCT 国際出願番号を
_____ とし、
(該当する場合) _____ に修正されました。

☐ was filed on _____
as United States Application Number or PCT
International Application Number _____
and was amended on _____
(if applicable)

私は、特許請求範囲を含む上記修正後の明細書を検討し、内容を理解していることをここに表明します。

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

私は、連邦規則法典第 37 編第 1.56 項に規定されるとおり、特許性の有無について重要な情報を開示する義務があることを認めます。

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

私は、以下に記載する特許もしくは発明者証の外国出願について米国法典第 35 編 119 条(a)-(d)項又は 365 条(b)項に基づく外国優先権を、又は以下に記載する米国以外の国の少なくとも一カ国を指定している PCT 国際出願について米国法典第 35 編 365 (a) 項に基づく外国優先権をここに主張するとともに、優先権を主張している本出願の前に出願された特許もしくは発明者証の外国出願又は PCT 国際出願を、枠内をマークすることで以下に示します。

I hereby claim foreign priority under Title 35, United States Code, Section 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application for which priority is claimed.

Japanese Language Declaration
(日本語宣言書)

DGP

Prior Foreign Application(s)

外国での先行出願

Priority Not Claimed

(優先権主張なし)

1. Application No. : 2001-125804

Japan

24/April/2001

☐

(Number) (番号)	(Country) (国名)	(Day/Month/Year Filed) (出願年月日)	
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>

☐ Additional Foreign Application(s) is(are) listed on the attached sheet which is incorporated herein by reference.

私は、下記の米国仮特許出願について第35条米国法典第119条(a)項に基づく権利をここに主張いたします。

I hereby claim the benefit under Title 35, United States Code, Section 119(a) of any United States provisional application(s) listed below.

(Application No.) (出願番号)	(Filing Date) (出願日)
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私は、下記の米国特許出願について米国法典第35条第120条に基づく権利、又は米国を指定している下記の PCT 国際出願について米国法典第35条第365条(a)に基づく権利をここに主張します。また、本出願の各請求範囲の内容が米国法典第35条第112条第1段で規定された方法で先行する米国特許出願又は PCT 国際出願に開示されていない限り、その先行出願の出願日以降で当該国内出願又は PCT 国際出願の出願日までの期間中に入手された、連邦規則法典第37条第1.66項で定義された特許性の有無に関する重要な情報について開示義務があることを認識しています。

International Application No.

PCT/JP02/03820

19/April/2002

Application No.

(出願番号)

Filing Date

(出願日)

(Application No.) (出願番号)	(Filing Date) (出願日)
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I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s), or 365(a) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of application.

Pending

Status : (状況)	Patented, (特許許可済)	Pending, (係属中)	Abandoned (放棄済)
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**Japanese Language Declaration
(日本語宣誓書)**

私は、私自身の知識に基づいて本宣誓書中で私が行う表明が真実であり、かつ私の入手した情報と私の信じていることに基く表明が全て真実であると信じていること、さらに故意になされた虚偽の表明及びそれと同等の行為は米国法典第18編第1001条に基づき、罰金または拘禁、もしくはその両方により処罰されること、そしてそのような故意による虚偽の声明を行えば、出願した、又は既に許可された特許の有効性が失われることを認識し、よってここに上記のごとく宣誓を致します。

委任状： 私は下記の発明者として、本出願に関する一切の手続きを米特許商標局に対して遂行する弁護士または代理人として、下記の者を指名いたします。(弁護士、または代理人の氏名及び登録番号を明記のこと)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made of information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (list name and registration number)

David G. Posz, Reg. No. 37701, Charles W. Bethards, Reg. No. 36453, R. Louis Breeden, Reg. No. 37286, James E. Barlow, Reg. No. 32377, Brian C. Altmaier, Reg. No. 37,271, Robert L. Scott, Reg. No. 43102, Teresa M. Arroyo, Reg. No. 50015 and all other attorneys and/or agents associated with PTO Customer No. 23400.

書類送付先 : (Send Correspondence to)

David G. Posz, Esq., Posz & Bethards, PLC, 11250 Roger Bacon Drive, Suite 10, Reston, VA 20190,
PTO Customer No. 23400

直接電話連絡先 (名前及び電話番号) : Direct Telephone Calls to (name and telephone number)

David G. Posz, Esq., (703) 707-9110

唯一または第一発明者 (Full name of sole or first inventor)	
発明者の署名 (Inventor's Signature)	<i>Etji Nogami</i> (EIJ I NOGAMI)
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第二共同発明者 (Full name of second joint inventor)	
発明者の署名 (Inventor's Signature)	
日付 (Date)	
住所 (Residence)	
国籍 (Citizenship)	Japan
郵便住所 (Post Office Address)	

☐ Additional Inventor(s) is (are) listed on the attached sheet which is incorporated herein by reference.